

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33822

STATE FILE NUMBER

9176

FILED OCT 14 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE D.C. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits TOWN St. Louis Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Washington Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION Desloge Hospital				3. STREET (If outside, give location) Reside on Farm ADDRESS 2310 Nichols Av. S.E. Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last PATRICK G. MC AULIFFE				4. DATE OF DEATH Month Day Year Oct. 1 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 15, 1918	
9. AGE (In years last birthday) 38		10. KIND OF BUSINESS OR INDUSTRY Meat Cutter-Food Fair (Store #17)		11. BIRTHPLACE (City and state or country) Washington, D.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John McAuliffe				14. MOTHER'S MAIDEN NAME Mary Sullivan			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2				16. SOCIAL SECURITY NO. 578-10-9205		17. INFORMANT Address Sister Mary Jocile-1325 S. Grand Bl.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic coma DUE TO (b) Acute fatty liver and hepatic necrosis DUE TO (c) Staphylococcal septicemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fibrosis of liver							INTERVAL BETWEEN ONSET AND DEATH 3 days 2 months 1 week
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 5810		COUNTY STATE	
21. I attended the deceased from 8-22-57 to 10-1-57 and last saw him alive on 9-30-57 Death occurred at 2:00 AM 10-1-57 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Joseph B. Vacca M.D.				22b. ADDRESS 1325 S. Grand Av.		22c. DATE SIGNED 10-1-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)		23b. DATE 10-1-1957		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Washington, D.C.	
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway				25. DATE RECD. BY LOCAL REG. OCT 1 57		26. REGISTRAR'S SIGNATURE J. Carl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

mdB

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Richard W. Stovosa*

Licensed Embalmer No.....  
4

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.